

AUG 08 2005

FAX COVER SHEET

Law Offices of
Ivey, Smith and Ramirez
 3025 Totterell Street
 Oakland, California 94611-1742
 (510) 336-1100
 facsimile: (510) 336-1122

DATE:	August 8, 2005
TO:	Mail Stop: Amendment
FIRM:	USPTO

FAX No:	(571) 273-8300
RE:	S/N 10/658,738
Atty. Docket no.:	P-2260



IF THIS BOX IS CHECKED, THE FOLLOWING CONFIDENTIALITY STATEMENT APPLIES:

The information contained in this facsimile message is information intended to be protected by attorney-client and/or the attorney-work product privileges. It is intended only for the use of the individual named above and the privileges claimed here are NOT waived by virtue of the attached being sent by facsimile. If the person who actually receives this facsimile or any other reader of this facsimile are not the intended recipient or the employee or agent responsible to deliver this document to the named recipient, any use, dissemination or copying of this communication is strictly prohibited, AND THE PRIVILEGE CLAIMED IS NOT WAIVED BY THAT RECEIPT, If you have received this communication in error, please immediately notify us by telephone at 510.336.1100, and return the original message to us at the above address via the U.S. Postal Service. We will repay all postage.

TOTAL NUMBER OF PAGES (Including this cover page): 27SENDER IS: James D. Ivey

DOCUMENTS ATTACHED ARE DESCRIBED AS FOLLOWS:

1. Transmittal Form (Form PTO/SB/21 – 1 page);
2. Response to Office Action (15 pages);
3. Fee Transmittal (1 page);
4. Credit Card Payment Form (PTO-2038 – 1 page);
5. Petition to Extension of Time – Three Months (1 page);
6. Information Disclosure Statement (2 pages);
7. Information Disclosure Statement by Applicant (Form PTO/SB/08A - 1 page);
8. Information Disclosure Statement by Applicant (Form PTO/SB/08B - 1 page); and
9. One (1) reference cited in the IDS – a foreign search report (3 pages).

COMMENTS:

- Original will NOT follow
 Original WILL follow by:

 _ US MAIL or _____
 _ Please confirm receipt!
 _ Your response needed by: Time _____ AM/PM Date _____
 _ For your approval/suggestions
 _ Other Message:

OUR FAX NUMBER IS: 510-336-1122

Please type a plus sign (+) Inside this box →

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/658,738
		Filing Date	September 8, 2003
		First Named Inventor	Jaron Lambert
		Group Art Unit	2672
		Examiner Name	Michelle K. Lay
Total Number of Pages in This Submission	26	Attorney Docket Number	P-2260

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (w/ Recordation for an Application) Coversheet	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached PTO-2038	<input type="checkbox"/> Drawing(s) (9 sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	One (1) cited reference for IDS: Foreign Search Report.
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	James D. Ivey, Reg. No. 37,016	
Signature		
Date	August 8, 2005	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the telephone number (571) 273-8300 and addressed to Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: August 8, 2005

Typed or printed name	James D. Ivey, Reg. No. 37,016	
Signature		Date August 8, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

RECEIVED
CENTRAL FAX CENTER

AUG 08 2005

PTO/SB/17 (10-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 690.00)
Complete if Known

Application Number	10/658,738
Filing Date	September 8, 2003
First Named Inventor	Jaron Lambert
Examiner Name	Michelle K. Lay
Art Unit	2672
Attorney Docket No.	P-2260

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) or any underpayment of fee(s)
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee (\$)	Fee Code (\$)	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	
1253	980	2253	490	Extension for reply within third month	510.00
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	490	2502	245	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1808	160	1808	160	Submission of Information Disclosure Stmt	180.00
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(e))	
1810	780	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 690.00)**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	-20** =	X	=	Fee Paid
Independent Claims	- 3** =	X	=	
Multiple Dependent				

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
1202	18	2202 8 Claims in excess of 20
1201	88	2201 44 Independent claims in excess of 3
1203	300	2203 150 Multiple dependent claim, if not paid
1204	88	2204 44 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY:

(Complete if applicable)

Name (Print/Type)	James D. Ivey	Registration No. (Attorney/Agent)	37,016	Telephone	510 336 1100
Signature		Date	August 8, 2005		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.